

COMPARISON CHART

Comparing the California WHCoA Delegate Ranking with the Entire WHCoA Delegate Ranking and Comparing the National Ranking with Two Existing California Aging – Related Planning Documents

The December 2005 White House Conference on Aging (WHCoA) produced “solutions” to issues facing aging persons that were of top priority to the conference’s 1200 delegates from around the country. The 120 California delegates found similarities in priority solutions at the WHCoA and the 15 top priorities of the October, 2003 Strategic Plan for an Aging California Population (Strategic Plan) by the California Health and Human Services Agency. These similarities are outlined in the chart following. Additionally, the chart shows similarities to California’s four-year State Plan on Aging (State Plan). The State Plan by the California Department of Aging (CDA) includes 33 objectives related to the department’s purview.

Ray Mastalish, co-dean of the California WHCoA delegates, compared and contrasted the results of the WHCoA vote and rank of the priorities, versus a “California delegate only” vote and rank of the solutions. This showed that while six of California’s top ten recommendations were in the top ten of the WHCoA delegates around the nation, California delegates ranked elder abuse, affordable housing, accountability for implementation of WHCoA resolutions, and innovative long term care financing ahead of geriatric education and training, mental health concerns, innovative local and state delivery systems, and innovative models of non-institutional long-term care, the other four top ten resolutions selected by the full WHCoA delegation.

Compared with California plans and efforts, eight of the WHCoA top ten priorities could be linked to the Strategic Plan top 15 priorities. Issues included in the Strategic Plan top 15 that were not reflected in the WHCoA top ten included housing, preventive health care and older workforce issues. Seven of the WHCoA top ten were identified in the 33 State Plan objectives. Issues address by State Plan objectives that were not reflected in the WHCoA top ten included health insurance counseling, health promotion and disease prevention, nutrition program improvements, oral health care in Long Term Care facilities, older adult substance abuse, elder abuse identification, legal services, adult day health care, volunteerism, and various management and technology improvements specific to the CDA.

The comparison of top ten WHCoA resolutions and the Strategic Plan and State Plan recommendations and objectives is difficult because WHCoA resolutions are broad policy goals, whereas the Strategic Plan and State Plan identified objectives and more specific goals towards achieving many of the policy goals of the WHCoA resolutions.

The WHCoA concluded with the delegates developing implementation strategies for the top resolutions. These strategies, due to be published in June, 2006, will provide more specific comparison between WHCoA resolutions and California goals and objectives for aging into the next decade.

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Reauthorize Older Americans Act within First 6 Months Following WHCoA	1	1	“Increase Federal appropriations for critical Older Americans Act services including Title III-E (caregiver support programs) in proportion to the increase in the older adult population.” (pg. 17)	None
Develop a Coordinated, Comprehensive Long-Term Care Strategy By Supporting Public and Private Sector Initiatives that Address Financing, Choice, Quality, Service Delivery and Paid & Unpaid Workforce	2	5	<p>Strategic Plan top 15 priority:</p> <p>“Build capacity into community-based long-term support service to prevent unnecessary institutionalization.”(pg. 108)</p> <p>“Develop/expand comprehensive, integrated care models.” (pg. 108)</p> <p>“Build/implement a ‘no wrong door’ care navigation system.” (pg. 108)</p> <p>“Develop a collaborative process to eliminate fragmentation, integrate funding, and create a customer-centered, seamless system of long term support.” (pg. 108)</p> <p>Other recommendations:</p> <p>“Ensure that all long term support programs are consistent with the Olmstead decision.” (pg. 81)</p> <p>“Subject to funding, establish the Geriatric Comprehensive Care Management Program for persons over 60 with more than one chronic condition.” (pg. 82)</p> <p>“Build quality into the long term support system.” (pg. 83)</p> <p>“Stabilize LTC funding.” (pg. 83)</p>	<p>Objective 4: Increase the coordination between family caregiver supportive services and home and community-based supportive services so that all of a family’s needs are being identified and responded to in the most comprehensive manner possible.</p> <p>Objective 5: Expand available OAA services by developing and implementing a cost-sharing policy for these programs, unless prohibited by federal law.</p> <p>Objective 16: Develop and maintain program standards and requirements for home and community based services authorized by the OCA, to the degree that State General Fund resources permit.</p> <p>Objective 17: Develop monitoring and assessment tools to ensure that basic minimum program requirements are met.</p>

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Ensure that Older Americans have Transportation Options to Retain Their Mobility and Independence	3	8	<p>Strategic Plan top 15 priorities: “Provide a full continuum of transit services for seniors and persons with disabilities.” (pg. 108) “Amend the State Transportation Development Act and related regulations to ensure that all unmet transit needs in rural areas that are reasonable to meet are adequately identified and addressed.” (pg. 108)</p> <p>Other recommendations: “Increase annual appropriation levels for federal programs that serve rural and urban elderly and disabled populations. These include Federal Transit Administration (FTA) Section 5310 and Section 5311 programs.” (pg. 16) “Create mobility management centers.” (pg. 28) “Provide transportation alternatives for Californians of all ages with emphasis on those who choose not to or can no longer drive.” (pg. 31) “Support pedestrian-oriented facilities and services.” (pg. 31) “Provide a continuum of coordinated [transportation] services.” (pg. 32) “Establish new federal funding sources for operating and capital costs for innovative accessible alternatives to fixed-route and rail transit services.” (pg. 16)</p>	Objective 12: Pursue strategies, in conjunction with the CHHS Olmstead Advisory Committee and the State Departments on the Long Term Care Council, to increase affordable and supportive housing options for older adults and increase transportation alternatives, particularly for those who can no longer drive.

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Strengthen and Improve the Medicaid Program for Seniors	4	6	<p>Strategic Plan top 15 priority: “Greatly expand health insurance coverage.” (pg. 108)</p> <p>Other recommendations: Health Care Recommendation: “Substantially increase health care coverage, support universal health coverage discussions.” (pg. 58) “Encourage collaboration between disabled and senior communities.” (pg. 59)</p> <p>Long Term Care Financing Recommendations: “Explore the viability of increasing the federal match for Medicaid long term care services, or alternatively, move responsibility for this support to the federal government for nursing facility services through a Medicare Part C concept.” (pg. 17)</p> <p>Technology recommendation: “Encourage Medicare and Medicaid reimbursement of telemedicine services, especially for mental health services.” (pg. 17)</p> <p>Housing recommendation: “Make assisted living a Medi-Cal program.” (pg. 44)</p>	<p>Objective 18-20: Redesign the Adult Day Health Care (ADHC) program to meet federal requirements for Medicaid participation and redesigning ADHC Medi-Cal oversight to reflect these new federal requirements.</p> <p>MSSP—develop and implement a comprehensive quality assurance program to improve program services, fiscal accountability, and assure freedom of choice in community service options.</p>

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Strengthen and Improve the Medicare Program	5	2	<p>Strategic Plan top 15 priority: “Greatly expand health insurance coverage.” (pg. 108)</p> <p>Other recommendations: Mental Health/Substance abuse related recommendations: “Eliminate funding inequity for substance abuse treatment in Medicare and other health insurance programs...” (pg. 16) “Eliminate funding inequity for mental health services in Medicare.” (pg. 16) “Advocate a shift in Medicare policy to recognize ‘functional necessity’ and treat the whole person versus current concepts of ‘medical necessity’ and ‘progressive improvement’.” (pg. 16) “Resolve discrepancies between the Medicare fiscal intermediary and individual service providers so that persons who move from one region of the country to another can be assured of the portability of their coverage/benefits.” (pg. 16) Health Care Workforce recommendation: “Expand Medicare provider reimbursement to include patient counseling and more in depth examinations to attract physicians willing to take on heavy geriatric caseloads or to specialize in geriatrics.” (pg. 17) See Health Care, Long Term Care Financing, and Technology recommendations for WHCoA #4 resolution.</p>	Objective 3: Analyze changes needed in the Health Insurance, Counseling and Advocacy Program (HICAP) in response to its changing role and the increased complexity of the Medicare program

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Support Geriatric Education and Training for all Health Care Professionals, Paraprofessionals, Health Profession Students and Direct Care Workers	6	11	<p>“Support an interdisciplinary effort to develop a core set of geriatric competencies and a common language across the health, mental health and social service professions.” (pg. 98)</p> <p>“[UC/CSU should]...Encourage geriatrics and gerontology studies in every curriculum regardless of specialty. Encourage all physicians, nurses, pharmacists and other health-professionals to know how to care for older patients...” (pg. 101)</p> <p>“...hold a biennial interdisciplinary summit involving health and human service leaders in education, oversight processes, practice and other related areas.” (pg. 103)</p> <p>“... the California Council on Gerontology and Geriatrics recommends the implementation and monitoring of guidelines and recommendations for those who work with, for and on behalf of older adults.” (pg. 104).</p>	Objective 11: Coordinate with agencies and coalitions providing geriatric training to current health, social service, and mental health professionals as well as those who are training in these professions to increase the number and improve the skills of those who are providing services to older Californians.

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Promote Innovative Models of Non-Institutional Long-Term Care	7	25	<p>Strategic Plan top 15 priority: “Develop and expand comprehensive, integrated care models.”(pg. 108) “Develop a collaborative process to eliminate fragmentation, integrate funding, and create a customer-centered, seamless system of long term support.” (pg. 108)</p> <p>Other recommendations: “Ensure that all long term support programs are consistent with the Olmstead decision.” (pg. 81) “Expand community service capacity, access to care and care options.” (pg. 83) “Enhance security/safety.” (pg. 83) “Stabilize long term care funding.” (pg. 83) “Ensure caregiver support.” (pg. 83)</p>	<p>Objective 2: Incorporate key principles from recent federal initiatives in care management services provided to older adults.</p> <p>Objective 5: Expand available OAA services by developing and implementing a cost-sharing policy for these programs, unless prohibited by federal law.</p>

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Improve Recognition, Assessment and Treatment of Mental Illness And Depression Among Older Americans	8	24	<p>Strategic Plan top 15 priority: “In every county expand community-based mental health promotion, recovery, education and outreach for older adults; identify and incorporate mental health prevention best practices.” (pg. 108)</p> <p>Other recommendations: “Public information campaign to combat prejudice.” (pg. 68) “Expand efforts to promote mental health and prevent mental illness.” (pg. 68) “Develop a statewide older adults system of mental health care.” (pg. 69) “Depression and suicide prevention.” (pg. 70) “Training for first responders.” (pg. 70) “Facilitate access to mental health services in underserved areas.” (pg. 70)</p>	Objective 9: Improve access to mental health services for older adults.

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Attain Adequate Numbers of Health Care Personnel in all Professions Who are Skilled, Culturally Competent, and Specialized in Geriatrics	9	9	<p>Strategic Plan top 15 priority: “Address California’s health and social services workforce deficit. Ensure the recruitment and retention of health care professionals, allied health, mental health and paraprofessionals.” (pg. 108)</p> <p>Other recommendations: “Enhance worker quality by requiring core competencies.” (pg. 98) “Ensure adequacy of provider training/education.” (pg. 98) “[UC/CSU should] raise the stature of the field of geriatrics so that it becomes as prestigious a medical specialty as pediatrics.” (pg. 101) “Significantly increase resources for nursing, allied health, mental health and paraprofessional programs.” (pg. 102)</p>	Objective 11: Coordinate with agencies and coalitions providing geriatric training to current health, social service, and mental health professionals as well as those who are training in these professions to increase the number and improve the skills of those who are providing services to older Californians.

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Improve State and Local Based Integrated Delivery Systems to Meet 21 st Century Needs of Seniors	10	15	<p>Strategic Plan top 15 priorities: “Develop and expand comprehensive, integrated care models.” (pg. 108) “Build and implement a ‘no wrong door’ care navigation system.” (pg. 108) “Develop a collaborative process to eliminate fragmentation, integrate funding, and create a customer-centered, seamless system of long term support.” (pg. 108) “Build a comprehensive, integrated data base on aging and disabled Californians for longitudinal studies and care navigation.” (pg. 108)</p> <p>Other recommendations: “Encourage collaboration between disabled and senior communities.” (pg. 59) “Develop new approaches to enhance access to health and social services and move subpopulations into the mainstream.” (pg. 59)</p>	<p>Objective 1: Improve the I&A system statewide to ensure that older adults, family caregivers, and service providers have easy access to needed information and services.</p> <p>Objective 15: Provide consistent AAA technical assistance in the most efficient manner.</p>

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- ⁱⁱⁱ October, 2003. Strategic Plan for An Aging California Population, Getting California Ready for the Baby Boomers, CA Health and Human Services Agency, Sacramento, CA.
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